

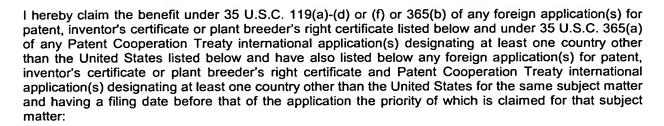
DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

X	Original		Supplemental		Substitute	
As a	below named inventor, I	hereby de	clare that:			
Муг	esidence, post office add	lress and c	itizenship are as state	ed below next to my	name, and	
and	lieve I am the original, fir joint inventor (if more tha th a United States patent	in one nam	ne is listed below) of the	ne subject matter wh	w) or an original, first lich is claimed and for	
4-(4-methylpiperazin-1-ylmethyl)-N-[4-methyl-3-(4-pyridin-3-yl)pyrimidin-2-ylamino)phenyl]- benzamide for treating pulmonary fibrosis						
the	specification of which:					
	is attached hereto.					
	was filed on	(day/mon	as Applicati	on No.		
	and, if this box (□) co	ontains an	×			
	□ was amended		y/month/year)			
×	was filed as Patent Co	ooperation	Treaty international A	Application No.		
	PCT/IB 03/02794	_	on <u>17/06/2003</u> (day/month/ye			
	and, if this box (□) contains an ×					
	entered the n	ational sta	ge in the United State	s and was accorded	Application No.	
	and, if this box (□) co	ontains an	<u>*</u>			
	□ was amended	d, subsequ	ent to entry into the n	ational stage, on		
					(day/month/year)	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) specifically referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

. I acknowledge my duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or Patent Cooperation Treaty international filing date of the continuation-in-part application.





COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	Р	RIORIT	Y CLA	IMED
				Yes		No
				Yes		No
				Yes		No
				Yes		No
				Yes		No
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:						
APPLICATION NO.		FILING DATE (day/month/year)	_			
60/392588		28/06/2002				

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and under 35 U.S.C. 365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below:

United States	United States	Status (Pending,	International	
Application No.	Filing Date	Abandoned or U.S.	Application No.	and Filing Date
• •	(day/month/year)	Patent No.)		(day/month/year)

I hereby appoint all of the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If this box (□) contains an x 国, I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please send all correspondence relating to this application to the address associated with Customer No. 001095.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first joint inventor	Joseph Alexander LASKY		
Inventor's signature		Date _	(day/month/year)
Residence	New Orleans, LA 70130, USA		
Citizenship	citizen of USA		
Post Office Address	1127 Philip Street New Orleans, LA 70130 USA		
Full name of second joint inventor, if any			
Inventor's signature		Date	(day/month/year)
Residence			
Citizenship			
Post Office Address			

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

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